

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street) ▼

700 Newport Center Drive

☐ Check if different than previously reported. (ACC)

Newport Beach

CA

92660

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00068528

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patricia Douglass

Signature of Treasurer

Patricia Douglass

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 15 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">98254.41</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">176829.29</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">36255.97</span>	<span style="border: 1px solid black; padding: 2px;">168830.85</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">213085.26</span>	<span style="border: 1px solid black; padding: 2px;">267085.26</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">69500.00</span>	<span style="border: 1px solid black; padding: 2px;">123500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">143585.26</span>	<span style="border: 1px solid black; padding: 2px;">143585.26</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
05 01 2015

To:

M M / D D / Y Y Y Y  
05 31 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

32859.64

118125.56

(ii) Unitemized .....

3396.33

50705.29

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

36255.97

168830.85

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

36255.97

168830.85

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

36255.97

168830.85

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

36255.97

168830.85

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	123500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	69500.00	123500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69500.00	123500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36255.97	168830.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36255.97	168830.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. JULIET A PINKERTON**

Mailing Address 5874 GARRISON RD

City

FRANKLIN

State

TN

Zip Code

37064-9242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 31 / 2015

Transaction ID : 1036599

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**B. MR. STEVEN R ELDER**

Mailing Address 385 25TH AVE

City

MILTON

State

WA

Zip Code

98354-9359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 31 / 2015

Transaction ID : 1036672

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**C. MS. DONNA D BURTON**

Mailing Address 22672 WHITE OAKS

City

MISSION VIEJO

State

CA

Zip Code

92692-4706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

Asst. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2015

Transaction ID : 13329311

Amount of Each Receipt this Period

500.00

Check

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. SHARON A CHEEVER**

Mailing Address 33512 VALLE RD

City

SAN JUAN CAPISTRANO

State

CA

Zip Code

92675-4838

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP & GEN COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 01 / 2015

Transaction ID : 13329325

Amount of Each Receipt this Period

5000.00

check

Full Name (Last, First, Middle Initial)

**B. MS. JUNE G ARCE**

Mailing Address 20050 EMERALD MEADOW DR

City

WALNUT

State

CA

Zip Code

91789-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MKTG COMPL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103621010259

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DEWEY P BUSHAW**

Mailing Address 5433 RESIDENCIA

City

NEWPORT BEACH

State

CA

Zip Code

92660-9047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EXEC VP RSD

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103623010259

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5476.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MICHAEL J BUSSARD**

Mailing Address 5256 LYSANDER LN

City

BRENTWOOD

State

TN

Zip Code

37027-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103623110259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSEPH E CELENTANO**

Mailing Address 26661 CAMPESINO

City

MISSION VIEJO

State

CA

Zip Code

92691-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP &amp; CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103623810259

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DENNIS M CORBETT**

Mailing Address 15136 TOURAINE WAY

City

IRVINE

State

CA

Zip Code

92604-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103625110259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MS. DEBRA CUNNINGHAM HONERKAMP**

Mailing Address 839 PROMONTORY DR W

City State Zip Code  
 NEWPORT BEACH CA 92660-7361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE DEVELOPMENT & ACQUISTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103625610259

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. MS. STEPHANIE J CURRY**

Mailing Address 6453 MEADOWRIDGE DR

City State Zip Code  
 SANTA ROSA CA 95409-5848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

RETIREMENT STRATEGIES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103625910259

Amount of Each Receipt this Period

105.00

P/R Deduction (\$105.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. MS. DIANE W DALES**

Mailing Address 28 CLERMONT

City State Zip Code  
 NEWPORT COAST CA 92657-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103626010259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MARK R FALK**

Mailing Address 64 SUMMERSTONE

City State Zip Code  
 IRVINE CA 92614-7000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103627110259

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. FRANK J GOETZ**

Mailing Address 7 SOVENTE

City State Zip Code  
 IRVINE CA 92606-0830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP & ASST CHIEF UNDRWRTR ADM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103629010259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. MILDA C GOODMAN**

Mailing Address 310 ALISO AVE

City State Zip Code  
 NEWPORT BEACH CA 92663-5103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORPORATE ADVERTISING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103629210259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. LORENE C GORDON**

Mailing Address 35 ANACAPA LN

City

ALISO VIEJO

State

CA

Zip Code

92656-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP OPERATIONS & PMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103629310259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ADRIAN S GRIGGS**

Mailing Address 8766 CANARY AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6353

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP & CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103629610259

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DALE E HAWLEY**

Mailing Address 1137 SUNSET CLIFFS BLVD

City

SAN DIEGO

State

CA

Zip Code

92107-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103630710259

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

665.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KEVIN A HENDRA**

Mailing Address 58 VIAGGIO LN

City State Zip Code  
 FOOTHILL RANCH CA 92610-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103631110259

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. HOWARD T HIRAKAWA**

Mailing Address 23972 GOLDENEYE DR

City State Zip Code  
 LAGUNA NIGUEL CA 92677-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP INVESTMENT ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103631610259

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. CAROL A JENSEN**

Mailing Address 8554 202ND STREET SW

City State Zip Code  
 EDMONDS WA 98026-6643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR M CHANNEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103632410259

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

630.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JEFF R JOHNSON**

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103632510259

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MARK J JOHNSON**

Mailing Address 1812 LEADBURN RD

City

TOWSON

State

MD

Zip Code

21204-1831

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103632710259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. SUZANNE T KAMPA**

Mailing Address 5531 STANFORD AVE

City

GARDEN GROVE

State

CA

Zip Code

92845-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR INTERNAL AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103633210259

Amount of Each Receipt this Period

40.00

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 89

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

A. MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City

SAN CLEMENTE

State

CA

Zip Code

92673-7106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SELECT MARKETS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103634210259

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City

PALOS VERDES ESTATES

State

CA

Zip Code

90274-4307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103634710259

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. TERESA M LORD

Mailing Address 16432 CAMINO CANADA LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92649-5206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103635410259

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

595.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. LAURENE E MAC ELWEE**

Mailing Address 1033 SECRETARIAT CIR

City State Zip Code  
 COSTA MESA CA 92626-1620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FUND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103635610259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS J MAYS**

Mailing Address 7406 PALOMA DR

City State Zip Code  
 HUNTINGTON BEACH CA 92648-6847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103636010259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT B MC KIBBIN**

Mailing Address 416 W 68TH ST

City State Zip Code  
 KANSAS CITY MO 64113-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103636210259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MORGAN C MC KNIGHT**

Mailing Address 1217 HIGHCREST DR

City

BURLESON

State

TX

Zip Code

76028-7467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103636410259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSE T MISCOLTA**

Mailing Address 3 GRETCHEN COURT

City

ALISO VIEJO

State

CA

Zip Code

92656-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INVESTMENT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103637510259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. ELIZABETH A MOORE**

Mailing Address 6412 N 159TH ST

City

OMAHA

State

NE

Zip Code

68116-4055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SYSTEMS ANALYSIS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103637610259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. JAMES T MORRIS**

Mailing Address 32141 COOK LN

City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-3934

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHAIRMAN &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103637910259

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. RICHARD P OLSON**

Mailing Address 24902 SUNSET PL E

City State Zip Code  
 LAGUNA HILLS CA 92653-4902

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR SECURITY SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103639310259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JOYCE J PEAD**

Mailing Address 25 SUNRISE

City State Zip Code  
 IRVINE CA 92603-3719

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP HR BUS PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103640010259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

566.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. YVES F PINKOWITZ**

Mailing Address 20541 VIA EL TAJO

City

YORBA LINDA

State

CA

Zip Code

92887-3202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORP FIN & REG RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103640510259

Amount of Each Receipt this Period

30.00

P/R Deduction (\$30.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THEODORE A PREMIER**

Mailing Address 20 MOLINO

City

NEWPORT BEACH

State

CA

Zip Code

92660-9116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RE INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103640810259

Amount of Each Receipt this Period

350.00

P/R Deduction (\$350.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOSEPH A PUM**

Mailing Address 33 BOLERO

City

MISSION VIEJO

State

CA

Zip Code

92692-5160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103640910259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

480.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. JAMES R RICE**

Mailing Address 11 STILLWATER

City State Zip Code  
 IRVINE CA 92603-3426

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103641410259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS M RONCE**

Mailing Address 19 GLEN ELLEN

City State Zip Code  
 IRVINE CA 92602-2002

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP &amp; TAX COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103642010259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RICHARD J SCHINDLER**

Mailing Address 28472 AVENIDA PLACIDA

City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-6319

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103642610259

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

766.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. KIMBERLY K SCHULTZ**

Mailing Address 28392 CALLE PINON

City State Zip Code  
 SAN JUAN CAPISTRANO CA 92675-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103643010259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CATHY L SCHWARTZ**

Mailing Address 87 PELICAN CT

City State Zip Code  
 NEWPORT BEACH CA 92660-2930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103643110259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. SONJA V SCOTT**

Mailing Address 30 CANYONWOOD

City State Zip Code  
 IRVINE CA 92620-1221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COMPENSATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103643310259

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. BRADLEY W SHERRELL**

Mailing Address 2315 VIA ZAFIRO

City

SAN CLEMENTE

State

CA

Zip Code

92673-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP TECH OFFICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103643510259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CAROL R SUDBECK**

Mailing Address 11 SOMMET

City

NEWPORT COAST

State

CA

Zip Code

92657-0104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP, HR & PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103645010259

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN G TORELL**

Mailing Address 355 S LORETTA DR

City

ORANGE

State

CA

Zip Code

92869-4633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & ASSISTANT CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103645810259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

566.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. STEPHEN J TORETTO**

Mailing Address 22862 ORENSE

City

MISSION VIEJO

State

CA

Zip Code

92691-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103645910259

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KHANH T TRAN**

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603-0404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103646010259

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDDIE D TUNG**

Mailing Address PO BOX 10386

City

NEWPORT BEACH

State

CA

Zip Code

92658-0386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REGULATORY PRDCTS ACCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103646210259

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

601.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. CATHRYN L VAN WEY**

Mailing Address 41974 CARSON CT

City

MURRIETA

State

CA

Zip Code

92562-2254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP NATL ACCTS & BD SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 31 / 2015

Transaction ID : PR103646310259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN M WALDECK**

Mailing Address 67 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694-0204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COMMERCIAL MORTGAGE INV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

MM / DD / YYYY  
05 / 31 / 2015

Transaction ID : PR103646510259

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN WHITE**

Mailing Address 28532 VIA PRIMAVERA

City

SAN JUAN CAPISTRANO

State

CA

Zip Code

92675-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SALES SUPPORT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 31 / 2015

Transaction ID : PR103647410259

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

716.66

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ALAN D WUEST**

Mailing Address 4473 AUGUSTA DR

City  
OCEANSIDE

State  
CA

Zip Code  
92057-5005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPERATIONS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103648010259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ROBIN S YONIS**

Mailing Address 8 CASTLEBAR

City  
IRVINE

State  
CA

Zip Code  
92618-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & FUND ADVISOR COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103648210259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. REED J LLOYD**

Mailing Address 84 NORTHWOODS RD

City  
NORTH GRANBY

State  
CT

Zip Code  
06060-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP RETIREMENT STRATEGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103652110259

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. REX A OLSON**

Mailing Address 1963 PORT LAURENT PL

City State Zip Code  
 NEWPORT BEACH CA 92660-7118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP&SR MANAGING DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103652210259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. CAROL E RUMSEY**

Mailing Address 25221 SPINDLEWOOD

City State Zip Code  
 LAGUNA NIGUEL CA 92677-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FUND & ADVISOR COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103654510259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PHILIP A TEETER**

Mailing Address 31422 ALTA LOMA DR

City State Zip Code  
 LAGUNA BEACH CA 92651-6926

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP TECH & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103654710259

Amount of Each Receipt this Period

275.00

P/R Deduction (\$275.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. TENNYSON S OYLER**

Mailing Address 52 PEONY

City	State	Zip Code
IRVINE	CA	92618-1508

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP BRAND MGMT &amp; PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : PR103656110259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. VALERIE MORRIS**

Mailing Address 48 W YALE LOOP

City	State	Zip Code
IRVINE	CA	92604-3619

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : PR103656810259

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. PATRICIA S DOUGLASS**

Mailing Address 640 SAINT JAMES RD

City	State	Zip Code
NEWPORT BEACH	CA	92663-5855

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : PR103657310259

Amount of Each Receipt this Period

320.00

P/R Deduction (\$320.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

605.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. SILAS K DUNN**

Mailing Address 14 ELDERWOOD

City State Zip Code  
 IRVINE CA 92614-7449

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PSD COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103658410259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN F O'DONNELL**

Mailing Address 24566 MOONFIRE DR

City State Zip Code  
 DANA POINT CA 92629-1779

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103659610259

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. RICHARD A TAUBE**

Mailing Address 24081 NUTHATCH LN

City State Zip Code  
 LAGUNA NIGUEL CA 92677-1382

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INSTITUTIONAL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103660410259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

425.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. TRAVIS R MC KAY**

Mailing Address 48 GOLF AVE

City State Zip Code  
 CLARENDON HILLS IL 60514-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR103660610259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KATHARINE B YOUNG**

Mailing Address 18647 SANTA ISADORA ST

City State Zip Code  
 FOUNTAIN VALLEY CA 92708-6232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION & RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR103661010259**

Amount of Each Receipt this Period

210.00

P/R Deduction (\$210.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CHRISTOPHER VAN MIERLO**

Mailing Address 400 EL VUELO

City State Zip Code  
 SAN CLEMENTE CA 92672-7513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP RSD SALES CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR103661510259**

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

801.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD M WILKES**

Mailing Address 11144 SAGE CREEK DR

City State Zip Code  
 GALENA OH 43021-8007

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103662710259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. RICHARD S BANNO**

Mailing Address 26666 WHITE OAKS DR

City State Zip Code  
 LAGUNA HILLS CA 92653-7577

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE SECURITIES &amp; RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103662810259

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. STEPHEN M BOLLINGER**

Mailing Address 17345 FLAME TREE CIR

City State Zip Code  
 FOUNTAIN VALLEY CA 92708-3521

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103663010259

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

235.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. MARY ANN BROWN

Mailing Address 304 WEYMOUTH PL

City

LAGUNA BEACH

State

CA

Zip Code

92651-1455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP CORPORATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103663110259

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. LORI K CARRASCO

Mailing Address 2742 PORTOLA DR

City

COSTA MESA

State

CA

Zip Code

92626-5819

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ASST CORP SECRETARY DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103663210259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. SIMON S FENG

Mailing Address 10 CANDELA

City

IRVINE

State

CA

Zip Code

92620-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP BUS &amp; TECH INTEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103663510259

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

666.66

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. THOMAS GIBBONS**

Mailing Address 1970 PARK NEWPORT

City State Zip Code  
 NEWPORT BEACH CA 92660-5068

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP, TREASURY TAX &amp; ENTERPRISE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1810.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103663610259

Amount of Each Receipt this Period

365.00

P/R Deduction (\$365.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MARY M HAWKINS**

Mailing Address 6182 S 177TH ST

City State Zip Code  
 OMAHA NE 68135-2897

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPS BUS SOLUTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103663910259

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MARK A KARPE**

Mailing Address 16 AUTUMNLEAF

City State Zip Code  
 IRVINE CA 92614-7596

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103664110259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

535.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. GREGORY L KEELING**

Mailing Address 325 LA JOLLA DR #2

City State Zip Code  
 NEWPORT BEACH CA 92663-4143

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103664210259

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STEPHAN P MITCHELL**

Mailing Address 18111 THEODORA DR

City State Zip Code  
 TUSTIN CA 92780-2643

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT SPEC DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103664610259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CHAD A ROSS**

Mailing Address 567 BUTTERWOOD AVE

City State Zip Code  
 SAN MARCOS CA 92069-3314

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR BROKER DEALER SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103664910259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. DAVID K ROSUCK**

Mailing Address 20 SAINT JOHN DR

City

HAWTHORN WOODS

State

IL

Zip Code

60047-9176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP MKTG COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103665010259

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DENNIS L BAHLMANN**

Mailing Address 6052 MEADOW VIEW CT

City

JOHNSTON

State

IA

Zip Code

50131-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RISK SELECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103666210259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GEORGE A PAULIK**

Mailing Address 314 ROLLING ROCK RD SE

City

MARIETTA

State

GA

Zip Code

30067-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP-NCM IP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103666510259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JEFF J BRADSHAW**

Mailing Address 22081 OAK GRV

City

MISSION VIEJO

State

CA

Zip Code

92692-4302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CORP DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103666710259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. KAREN M BROWN**

Mailing Address 1230 FOWLER CREEK RD

City

SONOMA

State

CA

Zip Code

95476-6230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP MODEL OFC ANN TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103666910259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. STEPHEN K ENG**

Mailing Address 5 PURPLE SAGE

City

IRVINE

State

CA

Zip Code

92603-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR103667310259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MS. CHARLENE A GRANT**

Mailing Address 3311 SEAVIEW AVE

City

CORONA DEL MAR

State

CA

Zip Code

92625-3056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103667510259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID C HONERKAMP**

Mailing Address 839 PROMONTORY DR W

City

NEWPORT BEACH

State

CA

Zip Code

92660-7361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103667610259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. DAWN M TRAUTMAN**

Mailing Address 308 REGATTA WAY

City

SEAL BEACH

State

CA

Zip Code

90740-5985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRODUCT MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103668610259

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

475.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. JEFFREY R WILT

Mailing Address 1 BAILEY DR

City  
GLENWOOD

State  
NJ

Zip Code  
07418-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103668810259

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City  
PARKER

State  
CO

Zip Code  
80134-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP RETAIL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103669110259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. BRANDON J CAGE

Mailing Address 31885 OLD OAK RD

City  
TRABUCO CANYON

State  
CA

Zip Code  
92679-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR103669510259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

340.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHIN H KIM**

Mailing Address 18 AMANTES

City State Zip Code  
RANCHO SANTA MARGARITA CA 92688-2704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED MRKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR103670210259**

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KEITH C WERSCHKE**

Mailing Address 25252 NORTHRUP DR

City State Zip Code  
LAGUNA HILLS CA 92653-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP AGGREGATE RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR103671210259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JIM Y CHU**

Mailing Address 22931 GALAXY LN

City State Zip Code  
LAKE FOREST CA 92630-4905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRICING & DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR103671410259**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MS. TIFFANY L GREGATH**

Mailing Address 2820 CAMINO CAPISTRANO APT D

City State Zip Code  
 SAN CLEMENTE CA 92672-4812

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR GRAPHIC DESIGN &amp; MEDIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103671510259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. STEVEN H GOLDBERG**

Mailing Address 11 TWIN FLOWER ST

City State Zip Code  
 LADERA RANCH CA 92694-1323

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

PRODUCT MGMT DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103671810259

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JASON T TODD**

Mailing Address 59 LAURELHURST DR

City State Zip Code  
 LADERA RANCH CA 92694-0204

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR103719910259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MADHU VIJAY**

Mailing Address 2 SKYGATE

City State Zip Code  
 ALISO VIEJO CA 92656-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP & CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR106147510259

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ROBERT J AVELLINO**

Mailing Address 3 PHEASANT DR.

City State Zip Code  
 MOUNT LAUREL NJ 08054-5302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR106147810259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. CARLETON J MUENCH**

Mailing Address 111 NORTHERN PINE LOOP

City State Zip Code  
 ALISO VIEJO CA 92656-6056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVESTMENT OVERSIGHT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR106148310259

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. TIM N SHAHEEN**

Mailing Address 27621 HOMESTEAD RD

City State Zip Code  
LAGUNA NIGUEL CA 92677-6603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP SHARED SVCS & STRAT PLNG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR106148710259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAMES F SHERIDAN**

Mailing Address 9584 ROBIN AVE

City State Zip Code  
FOUNTAIN VALLEY CA 92708-7250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACG/AIRCRAFT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR110846910259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID J VAN DE WATER**

Mailing Address 6433 PALOMINO WAY

City State Zip Code  
WEST LINN OR 97068-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR111068910259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. ANN E FARLEY**

Mailing Address 4014 ALADDIN DR

City State Zip Code  
 HUNTINGTON BEACH CA 92649-4225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR113233510259**

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ANN M DELANEY**

Mailing Address 9 GRENADA ST

City State Zip Code  
 LAGUNA NIGUEL CA 92677-4825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROJECT MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR123619310259**

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ROGER D BOND**

Mailing Address 225 SAN TROPEZ CT.

City State Zip Code  
 LAGUNA BEACH CA 92651-4417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR155988910259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

140.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ANDREW OLEKSIW**

Mailing Address 22 SKY RANCH RD

City State Zip Code  
 LADERA RANCH CA 92694-1546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP CORP DEVELPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR155989010259

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. RAE A MCKEATING**

Mailing Address 25842 DANA BLF W

City State Zip Code  
 CAPISTRANO BEACH CA 92624-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR221307110259

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDWIN J FERRELL**

Mailing Address 34 CASTLEROCK

City State Zip Code  
 IRVINE CA 92603-0153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP INVSTMT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR221307510259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

395.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. NANCY A HILL**

Mailing Address 9 AMBERWICKE

City

DOVE CANYON

State

CA

Zip Code

92679-3742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR221307810259

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DENIS P KALSCHEUR**

Mailing Address 15 BELMONT

City

NEWPORT BEACH

State

CA

Zip Code

92660-6732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ACG CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR221307910259

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JENNIFER L ST ONGE**

Mailing Address 3 GIVERNY

City

NEWPORT COAST

State

CA

Zip Code

92657-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP FIN &amp; DERIVATIVE RPTG

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR221308010259

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

531.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. TIMOTHY C MYERS**

Mailing Address 9 TROFELLO LN

City

ALISO VIEJO

State

CA

Zip Code

92656-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR221308610259

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JAY C HAMILTON**

Mailing Address 14 ARGOS

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-9003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP CONTRACTS & CONFIGURATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR223363510259

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. SHEPHEARD M JAMES**

Mailing Address 18030 BROOKHURST ST.

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR223363610259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

285.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RICHARD J MILLER**

Mailing Address 2628 RYCROFT CT

City

CHESTERFIELD

State

MO

Zip Code

63017-7108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP IND DIST NETWORK

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR317368410259

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DOUGLAS P JACKSON**

Mailing Address 59 AUGUSTA

City

COTO DE CAZA

State

CA

Zip Code

92679-4829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PROD MGMT & SALES SPPT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR327771210259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. WILLIAM D BELL**

Mailing Address 12123 COURSER AVE

City

LA MIRADA

State

CA

Zip Code

90638-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR336778410259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DANIEL E KOMOROSKE**

Mailing Address 8 OSPREY AVE

City

ALISO VIEJO

State

CA

Zip Code

92656-1772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP LIFE REINSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR336778810259

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. ADRIENNE MOUCH**

Mailing Address 2524 W WATROUS AVE

City

TAMPA

State

FL

Zip Code

33629-5345

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR336779010259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. BRIAN D PEAD**

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603-3719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP APPL ARCH & INTEG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR336779410259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JEFFREY S PHILLIPS**

Mailing Address 14932 PENFIELD CIR

City State Zip Code  
HUNTINGTON BEACH CA 92647-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

PROJECT MGMT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR336779510259**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JON W RUELLE**

Mailing Address 3273 CALIFORNIA ST

City State Zip Code  
COSTA MESA CA 92626-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DATA GOVERNANCE CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR336779710259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PARAG S SHAH**

Mailing Address 24972 FOOTPATH LN

City State Zip Code  
LAGUNA NIGUEL CA 92677-6000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR336779810259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

A. **MR. JAMES P WITKOWSKI**

Mailing Address 5620 FOXTAIL LOOP

City

CARLSBAD

State

CA

Zip Code

92010-7154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

CHANNEL MKTG DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR336780210259

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

B. **MR. MICHAEL F MIRANNE**

Mailing Address 153 SHUTE CIR

City

OLD HICKORY

State

TN

Zip Code

37138-1956

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM FI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR344191510259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. **MR. KEVIN RODDY**

Mailing Address 23221 VIA DORADO

City

COTO DE CAZA

State

CA

Zip Code

92679-3922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR383708910259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

295.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. DANIEL J KUBICA

Mailing Address 26362 YOLANDA ST

City

LAGUNA HILLS

State

CA

Zip Code

92656-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR FLD FIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR435822610259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. CARLA M MILLER

Mailing Address 2116 BARLASS DR

City

ROCKWALL

State

TX

Zip Code

75087-7138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR435822710259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JOSEPH J NICOLSI

Mailing Address 5865 E ANDOVER DR

City

HANOVER PARK

State

IL

Zip Code

60133-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR435822910259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHRISTIAN J PHANCO**

Mailing Address 18710 ORIENTE DR

City

YORBA LINDA

State

CA

Zip Code

92886-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP COUNSEL

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR435823110259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. VINCENT A SPERA**

Mailing Address 1616 LOOKOUT CIR

City

WAXHAW

State

NC

Zip Code

28173-8085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR435823510259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT S EDWARDS**

Mailing Address 9631 MITCHELL PL

City

BRENTWOOD

State

TN

Zip Code

37027-8483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR482322110259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

325.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MS. JOANNE T GAGNON

Mailing Address 403 S SAPODILLA AVE

City State Zip Code  
 WEST PALM BEACH FL 33401-5765

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP M MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR482322210259

Amount of Each Receipt this Period

42.00

P/R Deduction (\$42.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. GARY D PENCE

Mailing Address 27691 BLOSSOM HILL RD

City State Zip Code  
 LAGUNA NIGUEL CA 92677-6012

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

MGR ADVANCED MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR482322610259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. DAVID T CHANG

Mailing Address 18 IROQUOIS CT

City State Zip Code  
 IRVINE CA 92602-0751

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SR QUANTITATIVE STRATEGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR595292510259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

192.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN F TRUJILLO**

Mailing Address 650 E CHASE DR

City  
CORONA

State  
CA

Zip Code  
92881-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SYSTEMS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR595292710259**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CADE H CHERRY**

Mailing Address 20 ESTERO POINTE

City

ALISO VIEJO

State

CA

Zip Code

92656-7040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP STRATEGIC PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR611258810259**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. GARY L FALDE**

Mailing Address 9212 SANTIAGO DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92646-6342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CHIEF ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR611259010259**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MS. SUSAN S PECK**

Mailing Address 12521 WEDGWOOD CIR.

City State Zip Code  
 TUSTIN CA 92780-2879

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR611259410259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. WESLEY J FARNER**

Mailing Address 23412 PACIFIC PARK DR UNIT 12C

City State Zip Code  
 ALISO VIEJO CA 92656-3335

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR ACTUARIAL ANA, FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR678850410259

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MATTHEW L HANSBERGER**

Mailing Address 5516 RIVER AVE

City State Zip Code  
 NEWPORT BEACH CA 92663-2213

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP OPEN SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR678850610259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. MATTHEW A LEVENE**

Mailing Address 22131 CHERRYWOOD

City

MISSION VIEJO

State

CA

Zip Code

92692-4501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR678850710259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. MICHELLE P O'HAREN**

Mailing Address 790 N COAST HWY

City

LAGUNA BEACH

State

CA

Zip Code

92651-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR678850810259**

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JESSICA L RICE**

Mailing Address 511 S 51ST AVE

City

OMAHA

State

NE

Zip Code

68106-1362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INTERNAL WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR678851010259**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. ALEXANDER F MUNRO**

Mailing Address 8 HILLSBOROUGH

City State Zip Code  
 NEWPORT BEACH CA 92660-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ENTERPRISE TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR680012010259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KORY J OLSEN**

Mailing Address 20241 BRENTSTONE LN

City State Zip Code  
 HUNTINGTON BEACH CA 92646-5118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ACTUARIAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR691190610259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KIM R CUNNINGHAM**

Mailing Address 15117 SPECTRUM

City State Zip Code  
 IRVINE CA 92618-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP HR BUSINESS PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR713129110259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. DAVID N FANGER**

Mailing Address 817 10TH ST

City  
SANTA MONICA

State Zip Code  
CA 90403-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP CORP DEV FIN ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR713129210259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. JANE B FORBES**

Mailing Address 3376 CUMBERLAND LN

City  
FRISCO

State Zip Code  
TX 75033-2376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR713129310259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. JANE M GUON**

Mailing Address 5 SPRINGWOOD

City  
IRVINE

State Zip Code  
CA 92604-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR713129510259

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JACQUES HUNTER**

Mailing Address 1215 GOLDENROD AVE

City State Zip Code  
 CORONA DEL MAR CA 92625-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR FVP NSM RW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2015

**Transaction ID : PR713129610259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSEPH A NAGEL**

Mailing Address 23995 PIRAGUA PL

City State Zip Code  
 LAGUNA NIGUEL CA 92677-4233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2015

**Transaction ID : PR713129810259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. KATHLEEN J MELGAR**

Mailing Address 2821 MONTEREY AVE

City State Zip Code  
 COSTA MESA CA 92626-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP PRODUCT DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2015

**Transaction ID : PR713130010259**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RUSSELL S PROCTOR**

Mailing Address 9 NORTHERN PINE LOOP

City

ALISO VIEJO

State

CA

Zip Code

92656-6034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PENSION SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR714269910259

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID L SCHAFER**

Mailing Address 3215 W FIELDER ST

City

TAMPA

State

FL

Zip Code

33611-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR720479410259

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. KEVIN R BYRNE**

Mailing Address 2110 CATALINA ST

City

LAGUNA BEACH

State

CA

Zip Code

92651-3677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR VP FINANCE & RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723508110259

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN R CRUISE**

Mailing Address 4348 WAIALAE AVE #507

City  
HONOLULU

State Zip Code  
HI 96816-5767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723508210259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MATTHEW C DOMICH**

Mailing Address 3553 S ALBION ST

City  
CHERRY HILLS VILLAGE

State Zip Code  
CO 80113-4203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723508310259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JAMES L EHRET**

Mailing Address 6815 TRAFALGAR LOOP

City  
DUBLIN

State Zip Code  
OH 43016-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723508410259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. RYAN J JOHNSON**

Mailing Address 4531 NINA LN

City  
MIDDLETON

State Zip Code  
WI 53562-5325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723508510259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DOUGLAS E KALMEY**

Mailing Address 314 CORALBERRY RD.

City  
LOUISVILLE

State Zip Code  
KY 40207-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723508610259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. THOMAS M KELLY**

Mailing Address 779 ALDEN LN

City  
LIVERMORE

State Zip Code  
CA 94550-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723508710259

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

A. MR. DAVID L LAUTENSCHLAGER

Mailing Address 22192 BROOKPINE

City

MISSION VIEJO

State

CA

Zip Code

92692-1084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP PRODUCT DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR723508810259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. THOMAS R MARKS

Mailing Address 203 DIERKS DR

City

WESTERN SPRINGS

State

IL

Zip Code

60558-2030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR723508910259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. JONATHAN H WALKER

Mailing Address 99 SKYLINE TERRACE

City

MILL VALLEY

State

CA

Zip Code

94941-3484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR723509210259

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

360.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JASON P WOLF**

Mailing Address 21817 NE 97TH PL

City

REDMOND

State

WA

Zip Code

98053-7689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723509310259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MS. SUSAN A WOOD**

Mailing Address 809 GREER ST

City

COVINGTON

State

KY

Zip Code

41011-1350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVANCED SALES CONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723509410259

Amount of Each Receipt this Period

200.00

P/R Deduction (\$200.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. BRIAN T WOOLFOLK**

Mailing Address 17 SAN ANGELO

City

FOOTHILL RANCH

State

CA

Zip Code

92610-1729

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP PRICING & PRODUCT DESIGN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR723509510259

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

A. MR. RICHARD V HEWLETT

Mailing Address 4543 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

15101-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR726468310259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. JAMES B CLINKSCALES

Mailing Address 3408 AUTUMN CT

City

FORT WORTH

State

TX

Zip Code

76109-2606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR737236510259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. FRANK L BECERRA

Mailing Address 2004 VIA AGUILA

City

SAN CLEMENTE

State

CA

Zip Code

92673-5670

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR NETWORK &amp; STORAGE SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR749794410259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. KEITH A BUCK**

Mailing Address 27743 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-3762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ADVANCED DESIGNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR749794510259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN G REBER**

Mailing Address 507 VIA EL RISCO

City

SAN CLEMENTE

State

CA

Zip Code

92673-6608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP REG'L LIFE OFFICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR749795910259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MS. RANIA C SARKIS**

Mailing Address 1070 NORIA ST

City

LAGUNA BEACH

State

CA

Zip Code

92651-3530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

ADVD DESIGN MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR749796010259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOSHUA D SCOTT**

Mailing Address 30 ORION WAY

City State Zip Code  
COTO DE CAZA CA 92679-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP FIN PLNG & ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR749796210259**

Amount of Each Receipt this Period

41.66

P/R Deduction (\$41.66 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOSEPH C LEE**

Mailing Address 1244 BRIDLE ESTATES DR

City State Zip Code  
YARDLEY PA 19067-3957

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

NATL SLS MGR WIREHOUSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR751591210259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. TIMOTHY F SHONTERE**

Mailing Address 24642 BENJAMIN CIR

City State Zip Code  
DANA POINT CA 92629-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP EMPLOYEE RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR751591310259**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

316.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. CHRISTOPHER R CAIRNS**

Mailing Address 8008 PASEO ESMERADO

City State Zip Code  
CARLSBAD CA 92009-9800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIVISIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 31 2015

**Transaction ID : PR754273610259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. CHRISTOPHER T RITONDO**

Mailing Address 46 TIMBERNECK DR

City State Zip Code  
READING MA 01867-1845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP NATIONAL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 31 2015

**Transaction ID : PR754273710259**

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN P ANGEL**

Mailing Address 460 S POPLAR AVE

City State Zip Code  
ELMHURST IL 60126-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 31 2015

**Transaction ID : PR799017910259**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM C BARCLAY

Mailing Address 779 OLD COUNTRY RD

City  
WESTPORT

State Zip Code  
MA 02790-1168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR799018010259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. WILLIAM G BEAGLE

Mailing Address 1 TOSCANY

City  
IRVINE

State Zip Code  
CA 92614-0248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR MF STRATEGIC PLATFORMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR799018110259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. MATTHEW R BOKOSKY

Mailing Address 171 E 18TH ST

City  
COSTA MESA

State Zip Code  
CA 92627-3058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR799018210259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

275.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN J CONOVER**

Mailing Address 145 LINDEN DR

City

BASKING RIDGE

State

NJ

Zip Code

07920-1964

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR799018510259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KURT A DAMRON**

Mailing Address 9563 HAMPTON RESERVE DR

City

BRENTWOOD

State

TN

Zip Code

37027-8485

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR799018710259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. ERICK R KROSKY**

Mailing Address 1315 E SAINT JOHN RD

City

PHOENIX

State

AZ

Zip Code

85022-2069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR799019010259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. KENNETH A MCCLINTOCK**

Mailing Address 3915 BELL HOLLOW LN

City  
KATYState  
TXZip Code  
77494-2455FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR799019110259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. FRANCIS X MURPHY**

Mailing Address 18909 RIVER FALLS DR

City

DAVIDSON

State

NC

Zip Code

28036-8857

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR799019210259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. JOHN C TEMME**

Mailing Address 3352 FALLING WATER CT

City

SIMI VALLEY

State

CA

Zip Code

93063-5749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR799019310259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. WALTER B ZINYCH**

Mailing Address 1376 HELLER DR

City  
YARDLEY

State  
PA

Zip Code  
19067-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR799019510259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. MARK S CAMPISANO**

Mailing Address 6 BETHANY

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR801927310259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. STUART I HUTCHINS**

Mailing Address 7997 S FAIRFAX CT

City

CENTENNIAL

State

CO

Zip Code

80122-3883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR801927410259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. SAMUEL E MASEMER**

Mailing Address 225 CALEB DR

City

WEST CHESTER

State

PA

Zip Code

19382-6177

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP INVESTMENT SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR805019110259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. JOHN H SHIRIKIAN**

Mailing Address 25196 VIA VERACRUZ

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-7349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

GOV RELATIONS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR812523310259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID M DIANTONIO**

Mailing Address 11 MARGUERITE CT

City

LITTLE FALLS

State

NJ

Zip Code

07424-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR821860210259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. JOHN T DIECK**

Mailing Address 7 LOAM

City State Zip Code  
COTO DE CAZA CA 92679-5225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP ENTERPRISE RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR821860310259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. DAVID M LANGAN**

Mailing Address 14 ANNESLEY DR

City State Zip Code  
GLEN MILLS PA 19342-1357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR821860510259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. MICHAEL W MCHARGUE**

Mailing Address 1765 BLACKHAWK DR

City State Zip Code  
LINCOLN NE 68521-9085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

IW CHANNEL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR821860610259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MR. HUGH M MENIN**

Mailing Address 9861 E PINWOOD AVE

City  
ENGLEWOODState Zip Code  
CO 80111-5446FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR PENSION SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR821860710259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. ARTHUR V PANIGHETTI**

Mailing Address 405 PROMONTORY DR E

City  
NEWPORT BEACHState Zip Code  
CA 92660-7447FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP REGULATORY PROJECT (ERM)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR821860910259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. DAVID M RUIZ**

Mailing Address 23 PASEO BREZO

City  
RANCHO SANTA MARGARITAState Zip Code  
CA 92688-2867FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

Transaction ID : PR821861010259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. MR. DEREK C SUTER**

Mailing Address 14067 WHEELING CT

City State Zip Code  
 FISHERS IN 46038-4530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

KEY ACCTS MKTG DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR821861210259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

## **B. MS. PATRICIA A THOMPSON**

Mailing Address 1024 BAYSIDE DRIVE

City State Zip Code  
 NEWPORT BEACH CA 92660-7462

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

REGULATORY COMPL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR821861310259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

## **C. MS. JULIE A AHLERT**

Mailing Address 2465 VISTA HUERTA

City State Zip Code  
 NEWPORT BEACH CA 92660-4039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR ACCTG & FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

**Transaction ID : PR823372510259**

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. THOMASITO N PIEDAD

Mailing Address 24 CIPRESSO

City State Zip Code  
 IRVINE CA 92618-0105

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP SR QUANTITATIVE STRATEGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR826843410259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MS. CORINNE M SUDBECK

Mailing Address 1015 W BALBOA BLVD

City State Zip Code  
 NEWPORT BEACH CA 92661-1003

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR826843710259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MR. LEE A BENNETT

Mailing Address 11285 SHOREVIEW CIR

City State Zip Code  
 INDIANAPOLIS IN 46236-8626

FEC ID number of contributing federal political committee.

C

Name of Employer

Pacific Life

Occupation

DIR NAT'L ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 31 2015

Transaction ID : PR827777910259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GEORGE M MCFADDEN**

Mailing Address 20721 AVALON DR

City  
ROCKY RIVER

State Zip Code  
OH 44116-1317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR829263110259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. KEVIN A CORWIN**

Mailing Address 8920 OLDE MEADOW WAY

City  
SPOTSYLVANIA

State Zip Code  
VA 22551-4568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR832704310259

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. PAUL B KUDYBA**

Mailing Address 9361 SW 69TH ST

City  
MIAMI

State Zip Code  
FL 33173-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR832704410259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 89  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MR. GEOFFREY P KISSEL**

Mailing Address 16 WHISTLING ISLE

City State Zip Code  
 IRVINE CA 92614-5458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP INSTITUTIONAL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR835331810259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

**B. MR. GEORGE A MAHASSEL**

Mailing Address 4 STONEGATE CIR

City State Zip Code  
 GRAFTON MA 01519-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR835331910259

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**C. MR. EDMUND M JOHNSON**

Mailing Address 23 HOLLYHOCK LN

City State Zip Code  
 MISSION VIEJO CA 92692-5944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

AVP ARCHITECTURE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 31 / 2015

Transaction ID : PR848549910259

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 78 OF 89

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MS. HEATHER R BRADLEY**

Mailing Address 355 E OHIO ST

City  
CHICAGO

State Zip Code  
IL 60611-5452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pacific Life

Occupation

LTC REGIONAL DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

**Transaction ID : PR849893910259**

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

32859.64

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Council of Life Insurers PAC**

Mailing Address 101 Constitution Avenue, NW, Suite

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2015

**Transaction ID : 13272459**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Insured Retirement Institute PAC**

Mailing Address 1101 New York Avenue NW, Suite 825

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contribution

Candidate Name

**Insured Retirement Institute PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2015

**Transaction ID : 13272460**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Becerra for Congress**

Mailing Address 625 3rd Street NE #2

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

**Xavier Becerra**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 34

Disbursement For:	2016
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2015

**Transaction ID : 13273004**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Sherrod Brown**

Mailing Address 328 Massachusetts Avenue, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

**Sherrod Brown**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13273192**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Carper for Senate**

Mailing Address 303 Massachusetts Ave. NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Contribution

Candidate Name

**Thomas Carper**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13276276**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Crapo for US Senate**

Mailing Address 25 East Masonic View Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement  
Contribution

Candidate Name

**Michael Crapo**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13276736**

Amount of Each Disbursement this Period

500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Crapo for US Senate**

Mailing Address 25 East Masonic View Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement  
Contribution

Candidate Name

**Michael Crapo**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2015

**Transaction ID : 13277178**

Amount of Each Disbursement this Period

500.00
--------

Contribution

Full Name (Last, First, Middle Initial)

**B. ORRINPAC**

Mailing Address 6510 Anna Maria Court

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2015

**Transaction ID : 13277737**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City	State	Zip Code
Dallas	TX	75382

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jeb Hensarling**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2015

**Transaction ID : 13278448**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Himes For Congress**

Mailing Address 410 1st Street SE, Suite 310

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. James Himes**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278822**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Mailing Address 4201 Northview Drive, Suite 307

City	State	Zip Code
Bowie	MD	20716

Purpose of Disbursement  
Contribution

Candidate Name

**Steny Hoyer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278823**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Kind for Congress**Mailing Address 233 Pennsylvania Avenue, SE  
2nd Floor

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ron Kind**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278824**

Amount of Each Disbursement this Period

2000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Mia Love**

Mailing Address PO Box 255

City Riverton	State UT	Zip Code 84065
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Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mia Love**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278825**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Moran For Kansas**

Mailing Address PO Box 91615

City Washington	State DC	Zip Code 20090
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Jerry Moran**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278832**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Kenny Marchant For Congress**

Mailing Address 104 Hume Avenue

City Alexandria	State VA	Zip Code 22301
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Kenny Marchant**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278838**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rob Portman For U.S. Senate**

Mailing Address 900 19th Street, NW, 8th Floor

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Mr. Rob Portman**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278902**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Royce Campaign Committee**

Mailing Address 24651 Evereve Circle, Suite 1

City Lake Forest	State CA	Zip Code 92630
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Edward Royce**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278904**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Royce Campaign Committee**

Mailing Address 24651 Evereve Circle, Suite 1

City Lake Forest	State CA	Zip Code 92630
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Edward Royce**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278920**

Amount of Each Disbursement this Period

5000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ryan for Congress**

Mailing Address P. O. Box 1488

City  
JanesvilleState  
WIZip Code  
53547Purpose of Disbursement  
Contribution

Candidate Name

**Paul Ryan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2015

**Transaction ID : 13278931**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. THE COMMITTEE TO RE-ELECT LINDA SANCHEZ**Mailing Address 17906 Crusader Avenue  
Suite 202City  
CerritosState  
CAZip Code  
90703Purpose of Disbursement  
Contribution

Candidate Name

**Linda Sanchez**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2015

**Transaction ID : 13278932**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. THE COMMITTEE TO RE-ELECT LINDA SANCHEZ**Mailing Address 17906 Crusader Avenue  
Suite 202City  
CerritosState  
CAZip Code  
90703Purpose of Disbursement  
Contribution

Candidate Name

**Linda Sanchez**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		06		2015

**Transaction ID : 13278933**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Adam Schiff for Congress**

Mailing Address 38 Ivy Street, S.E.

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Adam Schiff**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278934**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Tim Scott For Senate**Mailing Address 499 South Capitol Street, SW  
Suite 420

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Tim Scott**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278935**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Pete Sessions For Congress**

Mailing Address 1737 H Street, NW

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Pete Sessions**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278936**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shelby for U.S. Senate**

Mailing Address 499 S Capitol St SW, Ste 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**Richard Shelby**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278937**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Sherman for Congress**

Mailing Address P.O. Box 75214

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement  
Contribution

Candidate Name

**Brad Sherman**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278938**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Jason Smith For Congress**

Mailing Address 213 Ashby Street

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jason Smith**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278939**

Amount of Each Disbursement this Period

3000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 89

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Pacific Life Insurance Company Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walters For Congress**

Mailing Address 24651 Evereve Circle, Suite 1

City	State	Zip Code
Lake Forest	CA	92630

Purpose of Disbursement  
Contribution

Candidate Name

**Mimi Walters**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278970**

Amount of Each Disbursement this Period

5000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens For Waters**

Mailing Address 3700 Wilshire Blvd., Ste 1050-B

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Maxine Waters**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278971**

Amount of Each Disbursement this Period

2500.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Wyden For Senate**

Mailing Address P.O. Box 3498

City	State	Zip Code
Portland	OR	97208

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Ron Wyden**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2015

**Transaction ID : 13278972**

Amount of Each Disbursement this Period

2000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00
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69500.00
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